

Exhibit 55

ORLANDO District

Bulletin No. 07

To: Orlando District

From: David Rybak

Subject: 1st Quarter Successes and Team Experiences

Date: March 22, 1995

cc: D. Robbins
SRDMs

Greetings, Orlando District! We are now coming to the close of the 1st Quarter 1995, and this has been quite a successful one for us. Based on the January DDD results and several success stories, it is apparent that our momentum has continued into 1995. I thought this would be a great opportunity to share some of the successes within the District, as well as some of the teamwork that has occurred during this period.

As you are all aware, we will only succeed in 1995 if we work as a TEAM. This sometimes requires changes in account assignments as well as being flexible to assist our colleagues with coverage at important meetings. Some of the examples of teamwork are as follows:

- A. Mississippi ONS - During Donna Henderson's recent vacation, Carlos Ortiz volunteered to cover for Donna at this very important meeting. Carlos not only exhibited for Donna, but was also able to obtain some key referrals for Donna to follow-up with after the meeting.
- B. Retail Inservices - During the quarter, Robin was asked to provide an inservice for the Walgreens chain headquarters in Orlando; 13 of the 15 pharmacists resided in Carlo Ortiz' territory. The inservice was a success, and Robin was able to share some of the key names with Carlos.
- C. Territory Changes -

Chris Linzer and SharRon Jamison have worked closely in transitioning the Ft. Lauderdale and Boca Raton territory to SharRon. This included introductions to all the key personnel in the respective offices.

Plaintiffs' Exhibit

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1st Qtr. Successes

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Craig Phillips has been working with Chris Linzer for the transition of his territory to Chris in the Palm Beach through Sebastian Beach areas.

Craig has worked with Robin Campbell to assist Robin in the additional responsibility Robin will be picking up in Melbourne Beach.

- D. Good Samaritan Hospital - After months of work, Craig Phillips will be implementing usage guidelines at Good Samaritan Hospital with the assistance of Dr. Jacobson. Due to a scheduling conflict, Craig was not able to attend this meeting and Robin Campbell attended this meeting to assure that the guidelines were rolled out appropriately.

As we discussed earlier this year, change is here to stay! Recently, Sam Lever and her family had an opportunity to move to Tampa, and effective May 1, Sam will be working in Tampa as a member of the Miami District. We are fortunate that Jenny Johnson will be replacing her, and it will be important for all of us to give Jenny the support needed to ensure that this territory continues to be successful and a major contributor to the success of our District.

Please take a few moments to read some of the attached success stories and congratulate your peers on their efforts this year. I certainly encourage you all to continue to share successes on Voicemail as well as record them in your weekly activity reports.

Again, thanks for a great 1st Quarter of 1995. Let's continue to develop the 20,000-unit vial put-up and to focus on our usage guidelines. Should you have any questions, feel free to contact me.

DTR/sd
attachments

ROBIN CAMPBELL

- ▶ NMC - Provided an inservice for pharmacy and was able to identify several new patients not on PROCRIT® for HIV.
- ▶ HRS Seminole County - AIDS clinic would be another very good account for PROCRIT. Will consider usage guidelines in this account since they "truly do work so well."
- ▶ Florida Health Care HMO - Able to convert to PROCRIT and working with Roger Golden, JJHCS, for an expanded contract.
- ▶ BMS - Made a team call with the BMS representative at Florida Hospital and at Halifax. Will continue to work with them with HIV as well.
- ▶ Walgreens - Conducted a CEU Program which will impact 15 pharmacists in the Orlando area.
- ▶ Other - Coordinated a meeting with the AIDS Clinic in Holly Hills and Dr. Goodgame's office. This created great "goodwill" with both organizations and demonstrated our commitment to the HIV community.
- ▶ 20,000 Unit Vial Conversions - Florida Hospital - Dr. Smith, Dr. Maroose, Central Florida Regional Hospital and Pro Health.
- ▶ Other - Attended the core HIV meeting in New Jersey and provided detailed information in copies to all in the District.

PAT HAWLEY

- ▶ Oak Hill Hospital - Provided a CEU inservice for pharmacy and established the potential savings by switching to the 20,000-unit multidose vial. This will eliminate significant wastage at this hospital, and the nursing staff has agreed to this change.
- ▶ Alachua General - Provided a CEU Program for pharmacy, and the director appreciated this program and has asked for two additional presentations during the year. This increase in service to the account should enable us to increase PROCRT purchases and possibly the use of the 20,000-unit vial.
- ▶ Shands - The cancer center is reporting better usage of PROCRT at the clinic itself, and I provided a noon conference for the oncology department with an emphasis on improved quality of life with their patients receiving chemotherapy. This approach has been very effective as most physicians will agree that an improved quality of life is the goal for their patients when undergoing treatment for cancer.
- ▶ VA Hospital - Gainesville - Have committed to purchase the 20,000-unit multidose vial.
- ▶ DURAGESIC® - Scheduled two Duragesic audioconferences to increase my visibility with DURAGESIC and also to assist me with my personal knowledge of DURAGESIC. It is an excellent way to bring an expert to my customers in a format that they seem to enjoy.
- ▶ Reception and Medical Center - Lake Butler - Gained commitment to purchase the 20,000-unit vial. It was apparent through this conversion that it will take more than a pharmacy decision to switch to the new multidose vial. I provided inservices for all three nursing shifts on March 15.
- ▶ Nephrology - During a one week period, two nephrologists were interested in being more aggressive about treating their pre-dialysis patients. One M.D. said that she would be ordering PROCRT into her office for her Medicare patients. The other, director of the renal clinic at Shands, said that they would like to do a better job treating the predialysis patient and would be ordering PROCRT for these patients.

Pat Hawley (continued)

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► 20,000-Unit Sales Conversions - Included Dr. Araujo, Dr. Bellone, Dr. Au as well as Dr. Carradona. Hospitals to be buying PROCRIT 20,000-unit vial will include Reception Center Lake Butler, Shands, and the VA. Successes surrounding the 20,000-unit vial promotion focused on three key points:

1. Less discomfort at the injection site because of the Benzyl alcohol
2. Less volume at the injection site for patients who are on 7,000 or 8,000 unit without wasting any PROCRIT.
3. Good profit margin between the \$96.00 Medicare payment and the \$80.75 promotion price for administering 10,000 units of the multidose vial.

DONNA HENDERSON

- ▶ Baptist Hospital Pensacola - Signed a new contract with this VHA account for PROCRIT. Additionally, generated an order for the 20,000-unit vial put-up during the promotion period of approximately \$5,000.
- ▶ Bergen Wholesaler - Attended a recent sales meeting and targeted 5 hospitals and 30 drug stores for conversion.
- ▶ Other - Attended two seminars on Leadership with speaker Steven Covey.
- ▶ Speakers - Implemented two speaker programs for the ONS Chapters in Mobile and in Mississippi.
- ▶ Medicare - Through the efforts of Dr. Lukey, Jackson Oncology, was able to be proactive with the Medical Director of Medicare to prevent any inappropriate restrictions on PROCRIT for the cancer patients.
- ▶ VA Jackson - Sales continue to grow at this VA thanks to the patient literature and the further development of usage in the outpatient clinic.
- ▶ Other - Targeted several of the Fortune 154 accounts and have developed some successes at Gulfport Memorial and Bay Medical Center.

SHARRON JAMISON

- ▶ Walgreens - Developed a basic selling skills presentation for pharmacists. This was well received by the District Manager and staff.
- ▶ Retail - Conducted numerous CE Programs for pharmacy and scheduled additional meetings for various chain accounts. These meetings were conducted for both the Miami and Orlando Districts.
- ▶ Retail - Provided retail support in the following territories: Chris Linzer, Craig Phillips, and Donna Henderson.
- ▶ March 1 - Assumed territory responsibility for the Ft. Lauderdale/Boca Raton area from Chris Linzer!
- ▶ Other - Gained support from new director of pharmacy at NMC to purchase PROCIT for the months of April and May. Estimated sales volume: \$50,000.

SAM LEVER

- ▶ Dr. Harrington - Established usage guidelines with this HIV treating physician and ordered five serum EPO tests to date. This account is utilizing PROCRT through NMC and the volume has increased significantly since the usage guidelines were put in place in early March.
- ▶ HRS AIDS Clinic - Jacksonville - Provided the AIDS Clinic with the usage guidelines prepared by Craig Phillips, and they have been well received. Formal guidelines were implemented for this clinic as well.
- ▶ University Hospital - Presented clinical information to the key GYN oncology physician, and he appreciated the information about PROCRT and scheduled an inservice for the entire department to provide PROCRT information regarding cancer. This should have a significant impact in increasing sales and PROCRT dollars in this institution.
- ▶ Dr. Solberg - Mayo Clinic - Provided an excellent presentation to him regarding PROCRT and our Financial Assistance Programs. He recognized the importance of our Cost Sharing Program and will work with us in further developing a relationship at the Mayo Clinic.
- ▶ Dimensions of Caring - This program is becoming more important to the cancer offices. Has been successful in establishing this program in all offices in the Jacksonville area.
- ▶ Other - As part of my "United Way Day Off", attended "The Walk to Emmaus". This was a special event in my life; I am glad I could take this United Way Day off and make it memorable.
- ▶ Big Ben Hospice - Tallahassee - Provided an inservice on PROCRT along with the Janssen rep for DURAGESIC. The program was a big success, and we were able to leverage our costs by sharing in the expense of this program.
- ▶ Baptist Cancer Center - Provided a breakfast inservice for the nurses at this cancer center and presented them with the latest clinical information regarding PROCRT, and asked them to review their charts for additional patients that could benefit from PROCRT. They have purchased a significant amount of 20,000-unit multidose during the promotion.

Sam Lever (continued)

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- ▶ ONS - Sponsored a speaker for the ONS Meeting held in Jacksonville Beach. Kevin Sowers, R.N., was the guest speaker and was well received. He has extremely impressive credentials; he is the chairman of the ONS National and sits on the ASCO board.
- ▶ Tallahassee Memorial Hospital - Continued to develop strong relationships with the oncology pharmacists and head nurse, and provided an inservice with the oncologist at a morning meeting.
- ▶ 20,000-Unit Vial Successes - Included Pavillion, Baptist Cancer Center, NMC, Dr. Stone, Dr. Sher, Dr. Mhajan, and Dr. Broesaker.

CHRIS LINZER

- ▶ North Broward Medical Center - Proposed opportunities for PROCRIT to this hospital to purchase PROCRIT and currently waiting evaluation by pharmacy.
- ▶ Bethesda Memorial - Working with Jose, the Director of Pharmacy, to gain conversion for PROCRIT in this VHA account. Key factors for this decision will be the accessibility to our Financial Assistance Program and the apparent needs from past utilization studies.
- ▶ Dr. Rosenberg - Office appreciated the new 20,000-unit vial put-up and purchased \$95,000 during the promotional program. Patients currently receive, on average, 10,000-unit T.I.W. Additionally, developed relationships with the office manager so that she will assist another local office in gaining Medicare reimbursement for oncology.
- ▶ University Hospital - Converted the 10,000-unit vial put-up to PROCRIT for the cancer and HIV patients.
- ▶ 20,000-Unit Successes - Dr. Rosenberg, Dr. Berkawitz, Dr. Weiss, Aldenore, Dr. Tomeski, PCA, and Community IV. Total is approximately \$200,000.

CARLOS ORTIZ

- Regional Hem/Onc of Kissimmee - Established usage guidelines and patients continue to accrue.
- Dr. VanHook - Was able to establish the need to utilize PROCRIT for his HIV patients. Additionally, the physician agreed to consider utilizing pre-printed prescription pads to ensure benefits to the patients.
- Other - Covered the ONS Meeting in Jackson, Mississippi, for Donna Henderson during her vacation.
- Bond Clinic - Was able to gain an order of 13 boxes of 20,000-unit vial from Florida Infusion during the promotion.
- Polk County Corrections - Will switch to PROCRIT after providing PROCRIT information and state contract information to the director of pharmacy. Delay experienced due to language barriers; however, all important issues were confirmed with director.
- Home Care Pharmacy - Account converted in 4th Quarter of 1994 and was able to provide the Early Purchase Program rebate to this account. Received a "great reception"!
- 20,000-Unit Vial Successes - Conversions included M. D. Anderson Cancer Center (previously Orlando Cancer Center), Columbia, Bond Clinic, Internal Med Associates, Dr. Gonzales, and Hem/Onc of Kissimmee.

CRAIG PHILLIPS

- ▶ **St. Mary's IV** - Provided an inservice for pharmacy with good results. Reported increased demand for HIV patients associated with the usage guidelines at the HIV Clinic. One patient receiving 10,000-units six days a week!
- ▶ **Good Samaritan** - Dr. Jacobson will be initiating usage guidelines for the entire oncology program at this institution and at St. Mary's. Dr. Jacobson was previously an investigator for PROCRT in the Washington D.C. area and is a strong advocate for Ortho Biotech and PROCRT. Formal usage guidelines presented March 24. Assisted Dr. Jacobson with the development of his presentation including the estimates of transfusion costs as well as drug therapy costs. One observation that stood out is as follows: **The hospital accounting department was incorrectly billing PROCRT 10,000-unit vials at approximately \$20.00 per vial!** Craig provided this information to the director of pharmacy and the hospital is now buying strictly PROCRT.
- ▶ **HG Holley Hospital** - This is a tuberculosis facility/hospital in Palm Beach which is establishing a new pharmacy and will be providing PROCRT to the HIV patients held in this location. Our Financial Assistance Program will be most beneficial for this account.
- ▶ **Dr. Pierones, Ft. Pierce** - Based on the clinical information, was able to increase dosing for the HIV patients from 4,000 to 10,000 T.I.W.
- ▶ **Hem/Onc Associates - Atlantis** - Purchased 85 boxes of 20,000-unit PROCRT in January and February under the promotion period.
- ▶ **HRS Palm Beach** - Medical director signed off on PROCRT usage guidelines for the HIV facilities in Palm Beach. The usage guidelines were then rolled out to 42 physicians and staff during a morning meeting, and copies of this package have been shared throughout the Orlando District.
- ▶ **20,000-Unit Vial Success Stories** - Include Hem/Onc Associates Atlantis, Dr. Collins, J. F. K. Hospital, MIMA, Dr. Belig, Doctors Pharmacy, and Hem/Onc of PSL. Total is approximately \$200,000.

DTR/sd

Exhibit 56

September 28, 1998

Michael Kalson, MD
Academy Orthopaedics

Dr. Kalson,

Thank you for taking the time recently to talk with me about the benefits of using Procrit® (Epoetin Alfa) for your total joint or spinal surgery patients. As requested, I have included in the memo some of the costs associated with using Procrit. Please keep in mind that although there is an expense to using Procrit, it can reduce, and in some cases eliminate the need for pre-deposited autologous blood or the need for allogeneic blood. This, in turn, can help reduce the overall cost of a specific procedure. I have also included the guidelines for Procrit in the surgery indication as well as the billing codes necessary to be reimbured.

The following list is the cost of Procrit and the rate at which Medicare reimburses for it:

Cost: Florida Infusion, one of our distributors, sells Procrit for \$1,128.00. (this is for the 20,000ml x 1ml multi-dose pack)

Medicare reimbursement: Medicare pays 80% of AWP - 5%

$AWP = \$1,200.00$, $AWP - 5\% = \$1,140.00$, $80\% \times \$1,140.00 = \912.00

Since there are 3 injections pre-op, the Medicare reimbursement is \$304.00 per injection. Thus, the 20% patient responsibility is \$228.00 or \$76.00 per injection.

If you have any questions regarding the pricing, please give me a call. I will be more than happy to work with your staff to help implement Procrit into your office. Please let me know how I can help.

Sincerely,

Brock Weathers

Plaintiffs' Exhibit
364
01-12257-PBS

ORTHO 00516913
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Exhibit 57

10/13/07 17:32 FAX 415 9080155

13/DOCUMEDICS

001

Post-It® Fax Note	7671	Date	10/13/07	Page	1
To	Chorley, Mr. Reese	From	Robert, Lovell		
Co./Dept.		Co.	Documedics		
Phone #		Phone #			
Fax #		Fax #			

PROCRIT Reimbursement Alternatives

Handwritten:
2/19/11
for
Documedics
for
Chorley

Presented by
Documedics
(AAbb Presentation)

Plaintiffs' Exhibit
331
01-12257-PBS

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13/DOCUMENTICS

002

Agenda

- Introduction
- Reimbursement under Part A
- Reimbursement under Part B
- Summary

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13/DOCUMEDICS

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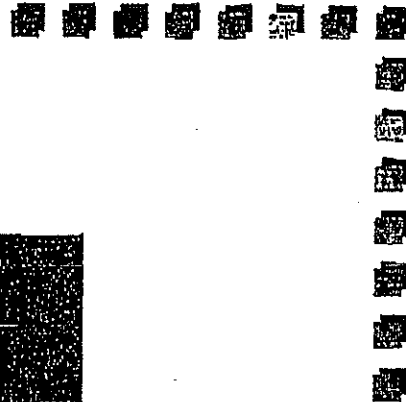
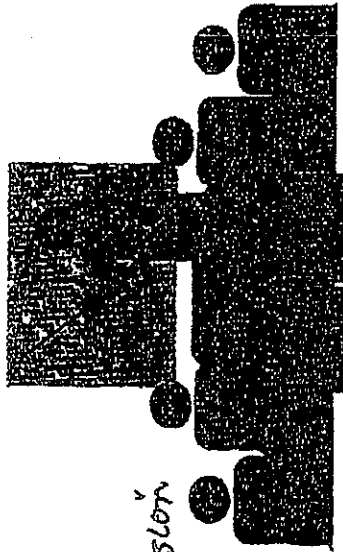
Introduction

- Bloodless Surgery is a trend that is increasing...

- Patients want *non-transfusion* alternatives.

- Anemic patients can't donate.

- Can you make money???



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13/DOCUMENTICS

004

Part A Reimbursement

- Blood Bank must be part of a hospital.
- There must be staff to do injections.
- Nursing staff must be authorized under hospital bylaws to give injections.
- Charge mechanisms must be set up.

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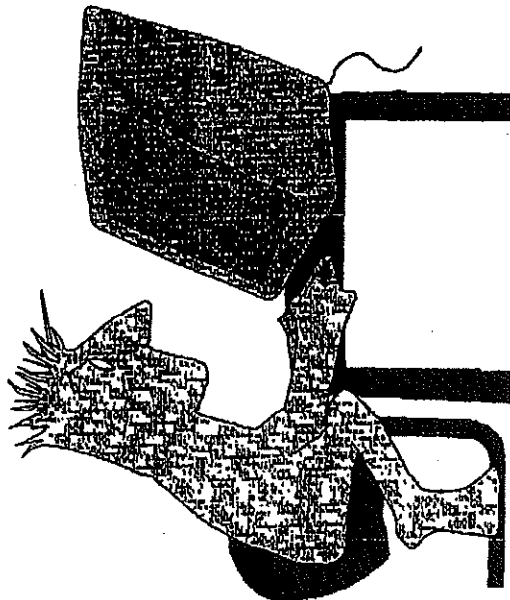
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13/DOCUMENTICS

005

Charges Under Part A

- Supplies and Nursing Time=A Facility Fee (Rev Code 761??)
- Drug is charged
 - Rev Code 636 with Q0136 OR
 - Rev Code 250
 - Depends Upon Your FL.



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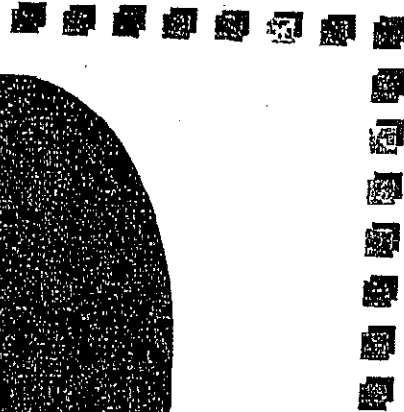
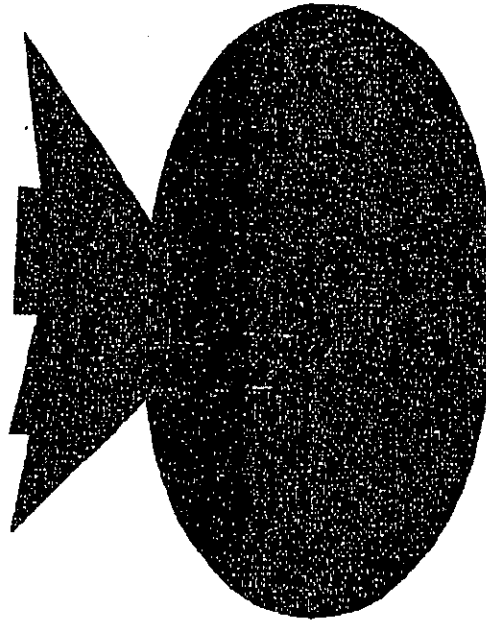
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13/DOCMEDICS

006

Payment Under Part A

- Depends Upon Your Cost Report.
- AWP per 1000 units=\$12.00
- Facility fees=\$30-\$50 depending upon your region.



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13/DOCUMENTS

007

Problems Under Part A

- Current FI rules for Q0136.
- Changing Outpatient Reimbursement for Medicare in 1999.
- Patients may not take drug home for it to be charged under Part A.
- 72 hour rule may apply for the last dose.

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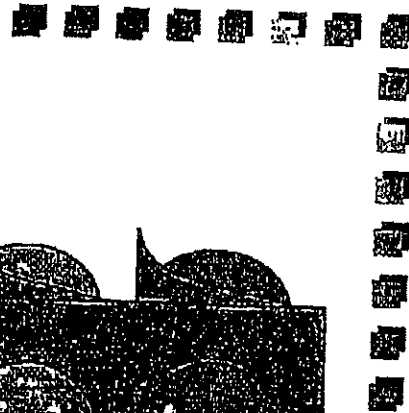
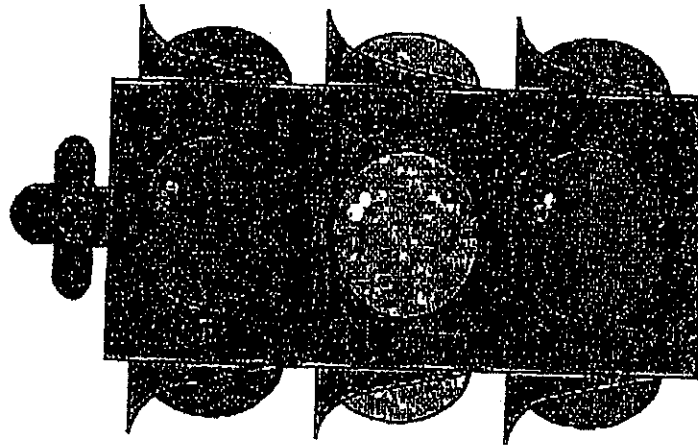
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13/DOCUMENTICS

0000

What About Part B???

- Drugs have paid well under Part B.
- Setting must be an MD practice.
- Drugs purchased by MD practice.
- Nurse employed or leased by the practice.



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13/DOCMEDICS

009

Payment Under Part B

- In 1998, 95% of AWP for the drug ^{per 1000 units} (\$11.40).
- \$4.00 on average per injection.
- OR, \$13.00 for the Nurse.
- OR, a physician visit (\$25-\$88).

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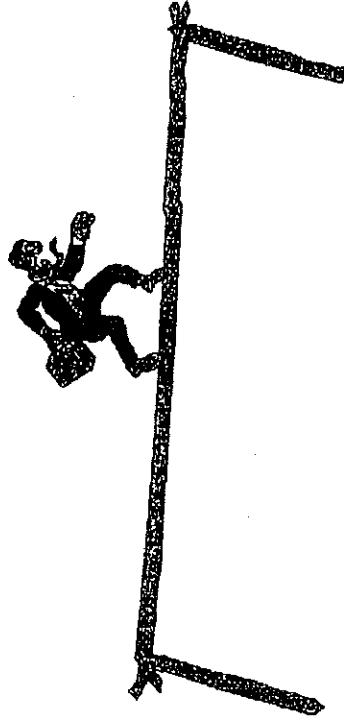
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13/DOCU MEDICS

010

Downside Under Part B

- Drug reimbursement may decline.
- Doctor must be on premises when the drug is given.
- Patient may not self-inject.



10/13/97 17:32 FAX 415 9080155

13/DOCMEDICS

0011

Should You Give PROCRT?

- Additional revenue.
- Provides an alternative for ^{the anemic} patient.
- Reimbursement is assured if denied.
- If you have questions, call us!!!
 - (800)-816-5703.

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Exhibit 58

(Not Used)

Exhibit 59

MDL-01-12257-PBS

Procrit Physician Office Strategy: Strategic Responses to Aranesp

September 18, 2002

Plaintiffs' Exhibit
343
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MDL-00041458

Outline

- The Aranesp Threat
- Leveraging Procrit's Strengths Through Physician Contracts
 - Capturing Category Growth
 - Preventing Arenesp Conversion
 - Contracting considerations moving forward
- Conclusions

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The Aranesp Threat

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Prepared by Charles River Associates

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MDL-00041460

Situation Overview

- Procrit has a dominant position in oncology
 - Significant untapped potential
- Do not jeopardize growth opportunity!*
- Competitive landscape has changed with Aranesp launch
 - Recent oncology indication
 - US Oncology and ION contract wins
- Aranesp opportunity: Drive sales by physician margin

Physician contracts help secure
Procrit's market position

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Aranesp Margin Advantage: Baseline

- Assumptions: Aranesp 100 mcg, Procrit 40K units; no discounts or rebates, 100% Copay collection

	Aranesp	Procrit
List Price	\$399.00	\$445.20
Reimburse (AWP - 5%)	\$473.81	\$507.53
Margin \$	\$74.81	\$62.33
Total Margin %	18.8%	14.0%
<hr/>		
Aranesp Margin Advantage \$	\$12.48	

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Aranesp's Strategic Advantages

- **Margin**
 - 25% spread compared to 20% for Procrit
 - Margin advantage is substantially larger with Medicare APCs
 - If higher doses of Aranesp are used, as recommended in the new PI, the advantage is substantially larger
- **Amgen portfolio of products**
 - Significant volume potential in Neupogen, Neulasta, and Aranesp
 - History of bundling
- **Possible perceived clinical advantages associated with longer half-life**
 - Value to patients and willingness of physicians to prescribe less than weekly is still unclear

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Leveraging Procrit's Strengths Through Physician Contracts

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Procrit's Strategic Advantages

- Established base of contracts
 - 1300 individual physician contracts covering 87% of potential business
 - Established relationships through account reps
- Current market share
 - Physician purchases and Procrit rebate dollars are substantial
- History of use
 - Procrit is an established part of clinical practice with broad indications and usage
 - Reimbursement policies are well known
- Clinical advantages: timely and significant response

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Possible Contracting Opportunities to Influence Physician Office Business

■ Managed Care

- Only valuable if Payors could influence product choice – seems unlikely given past behavior
- Fewer payor contracts would defeat Procrit's advantage created through 1300 physician contracts

■ Specialty Pharmacies

- Programs are still in early stages; oncologist pushback is likely
- It is not clear whether SPs can influence physician product choice
- Amgen could leverage its broad injectables portfolio
- No advantage to Procrit moving first

■ Physician Distributors

- Physician pull likely to outweigh any pressure exerted by distributors
- Due to pass-through, no advantage relative to direct physician contracting
- Small numbers of distributors mean Aranesp could easily respond

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Current Contracting Focus: Physician Office

- Objective: Leverage Procrit's strategic advantages to encourage category growth and maintain Procrit market share
- Physician contracts are the most effective contracting vehicle
 - Leverages established relationships
 - Capitalizes on current market share to provide incentives for continued Procrit growth
 - Reinforces and rewards physicians' established clinical practices
- It is not necessary to eliminate Aranesp's margin advantage
 - Simply need to make it sufficiently painful to switch
 - Convince doctors that Procrit is the most advantageous product for the practice as a whole
 - Clinical advantages
 - Financial advantages

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Where are the Growth Opportunities?

Account Size	Large	Small
	<div><div>Worth Defending</div><div><ul style="list-style-type: none">• Percentage of total sales?• Percentage of growth?</div></div>	<div><div>Lowest Priority</div><div><ul style="list-style-type: none">• Should not dictate Procrit contracting strategy</div></div>
	<div><div>Must Win</div><div><ul style="list-style-type: none">• What is Aranesp doing to target?• How can these be kept?</div></div>	<div><div>High Growth Potential</div><div><ul style="list-style-type: none">• Long-term growth opportunity• Easiest targets for Aranesp</div></div>

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Comparing Amgen and Procrit Contracts: Profit Gains/Losses from Switching to Aranesp

Account Size	Account Category Growth	
	Low Growth (10%)	High Growth (30%)
Large (\$3,000K)	<p>Worth Defending</p> <p>40% Aranesp: + 7.2%</p> <p>50% Aranesp: + 10.8%</p>	<p>Must Win</p> <p>40% Aranesp: - 1.4%</p> <p>50% Aranesp: + 3.9%</p>
Small (\$500K)	<p>Lowest Priority</p> <p>40% Aranesp: + 6.8%</p> <p>50% Aranesp: + 9.7%</p>	<p>High Growth Potential</p> <p>40% Aranesp: - 6.7%</p> <p>50% Aranesp: - 4.1%</p>

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Existing Contracts Combat Aranesp Conversion Incentives

- Existing contracts encourage loyalty and punish conversion to leverage Procrit's dominant position
- At certain critical points, additional Aranesp conversion is detrimental to profits, making it painful to switch
 - Importance of growth and rebate tiers and multipliers
 - Valuable short-run tool to forestall Aranesp penetration
- Physicians' ability to convert patients quickly and completely will determine the profitability of switching to Aranesp

ORTHO BIOTECH

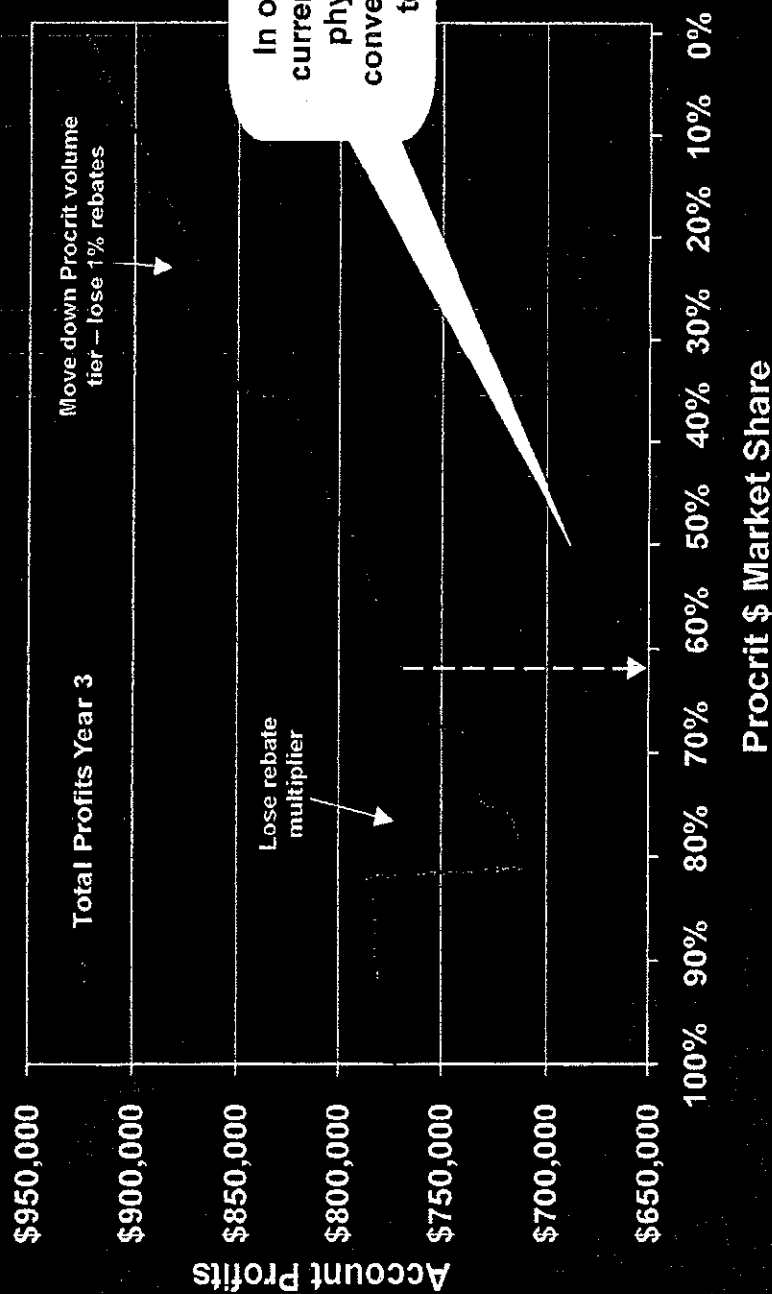
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Effect of Aranesp Conversion on Profits: Baseline

■ Total Profits = Margin + Discounts + Rebates



•\$1.5 million initial account size growing at 20% for 3 years

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Current Contracts Incentives: Summary

- Existing contract structure prevents immediate profit gains from Aranesp conversion
- In order to realize profit increases, physicians must convert a large share of business
- High growth accounts stand to lose the most by converting to Aranesp
- Large accounts may be able to recover from lost rebates more quickly

Unless conversion is fast and complete, physicians are better off using Procrit in the short run

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Switching Costs Further Reduce Aranesp Conversion Incentives

- Reimbursement difficulties
 - Mistakes lead to non-payment
- Inventory costs
 - Must stock multiple products and dosages
- Limited indications
 - Some patients not candidates for Aranesp
 - Physicians must convert higher percentage of available patients in order to make conversion profitable

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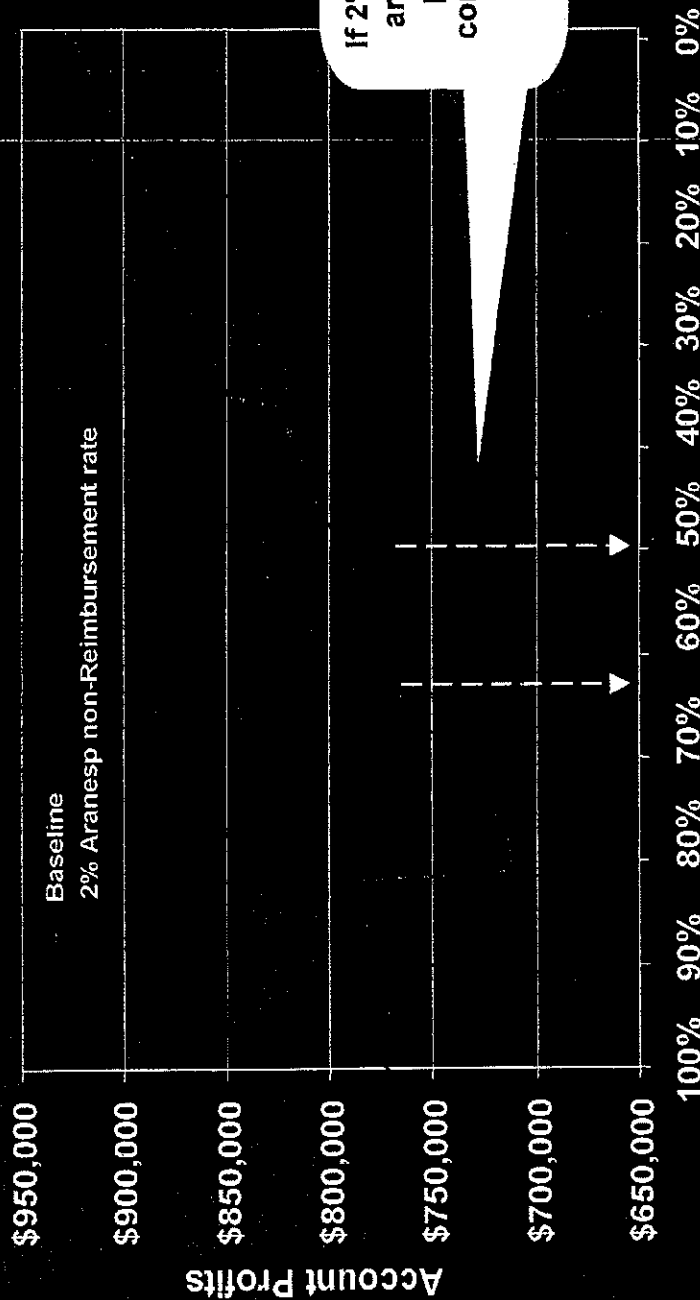
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MDL-C-0041473

Impact of Reimbursement Mistakes

■ Consider an Aranesp non-reimbursement rate of 2%:



-\$1.5 million initial account size growing at 20% for 3 years

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Conversion Speed Determines Profitability of Switching

- Unless conversion is immediate, attempts to convert patients to Aranesp lead to large temporary losses in profits
 - Current contract structure discourages defection to Aranesp in short run
- OBI has an opportunity to roll out new contracts in 2003
 - May provide additional loyalty rewards
- Current OBI efforts to slow the rate of conversion will allow time for new contracts to take hold
 - Emphasize clinical benefits, switching costs, and benefits of Procrit loyalty

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Contracting Considerations Moving Forward

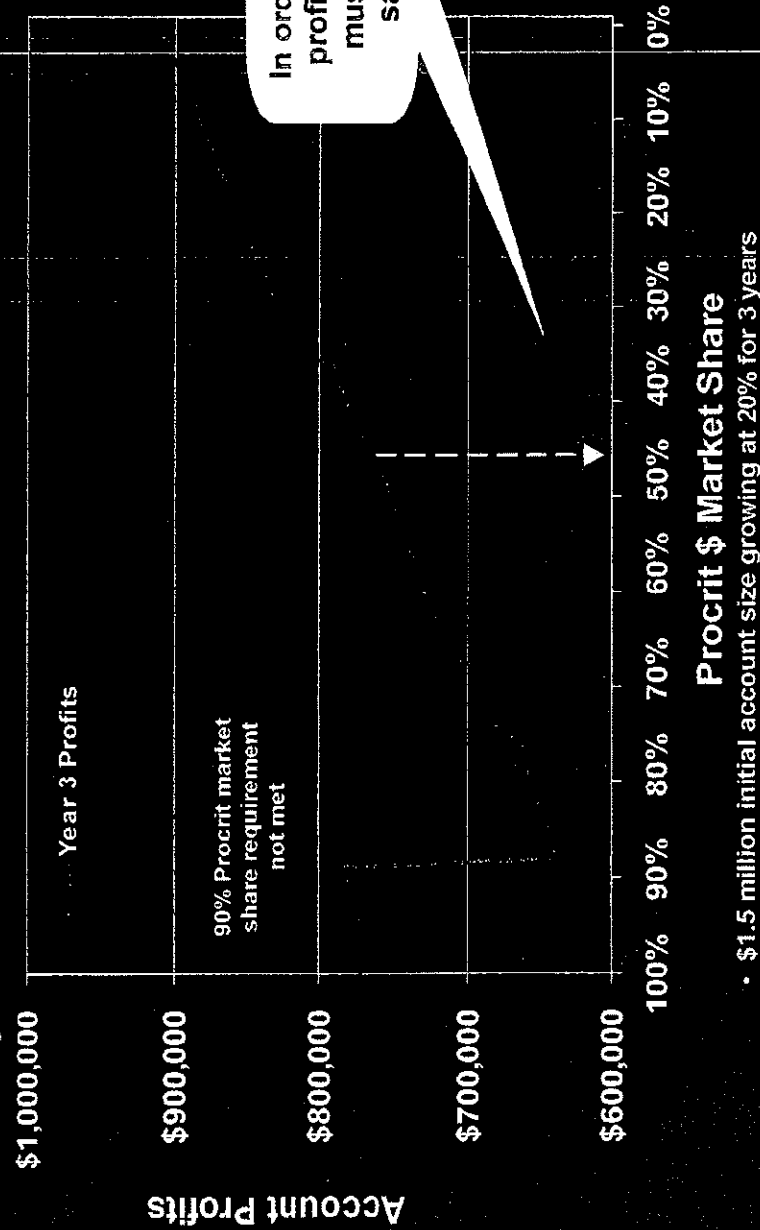
- Existing physician contracts defend against Aranesp conversion in the short run
 - Many of these contracts will expire at the end of 2003
- Key Question: What contract structure will most effectively preserve Procrit market share and growth opportunities in the long run?
- New contract structure must:
 - Encourage category growth
 - Punish excessive Aranesp penetration
 - Reward physician loyalty to Procrit
- Initial ideas:
 - Growth and volume rebates with more frequent tiers
 - Extension of multipliers
 - Market share requirements

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Impact of Market Share Requirements on Physician Incentives

- Consider a 90% Procrit market share requirement to qualify for current year 3 rebate levels:



- Market share requirement provides even stronger loyalty incentives

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Conclusions

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Key Messages for Physicians

- There are no clinical reasons to switch to Aranesp
- Switching costs associated with converting to Aranesp mitigate Aranesp's margin advantage
 - Reimbursement
 - Inventory requirements
 - Lack of broad labeling for indications
- Our existing Procrit contracts reward physicians for continuing to do what they already do
 - No change in practice patterns or purchasing is required
 - No increase in performance is required

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Key Messages for OBI

- The best contracting strategy leverages Procrit's key strategic advantages
 - Large installed base of existing contracts
 - Current market share
- Physician office is the "right" contracting entity
 - Managed care, distributors, and specialty pharmacies unlikely to influence physician product choice
- Existing contract structure encourages continued loyalty
- Established base of physician contracts promotes extensions that encourage loyalty in the long run
 - Possible movement to market share contracts
- As Aranesp matures, there will be additional issues to address
 - Increased margin advantage due to dosage creep
 - Possible decreased dosing frequency
 - Resolution of existing reimbursement uncertainties

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Exhibit 60

Procrit Contracting: Modeling Provider Economics

August 5, 2002



Prepared by Charles River Associates

Economic Drivers of Product Choice

- If providers perceive Procrit and Aranesp as clinically equivalent, product choice will be largely based on economics
 - Procrit is available at a lower cost
 - Aranesp provides a larger margin to physician practices
- In some settings, margin is a stronger driver than cost
 - Office-based physicians
 - Hospital outpatient clinics – Due to Medicare and some private payor reimbursement policies
- Hospital inpatient and some outpatient business is cost-driven



Aranesp's Margin Advantage

- **Source of Aranesp's margin Advantage:**
 - Aranesp AWP per dose is higher than Procrit
 - AWP/WAC spread is 25% for Aranesp and only 20% for Procrit
 - New Aranesp PI indicates higher Aranesp dosing which increases the total profit available per treatment
 - Medicare reimbursement levels are better for Aranesp
 - Procrit's loss of pass-through status will exacerbate the problem
- **Size of Aranesp per-treatment* margin advantage:**

Scenario	Starting Dose			Weighted Average Dose		
	Procrit Profit	Aranesp Profit	Percentage Difference	Procrit Profit	Aranesp Profit	Percentage Difference
Baseline -- AWP - 5%	\$ 1,122	\$ 2,114	88%	\$ 1,262	\$ 2,720	116%
No discounts/rebates	\$ 30	\$ 930	2955%	\$ 34	\$ 1,197	3394%
Hospital Outpatient -- APC	\$ 431	\$ 930	116%	\$ 485	\$ 1,197	147%
NCI Hospital Outpatient -- APC						
Physician Office -- AWP-5%						
No Aranesp or Procrit Rebates	\$ 1,915	\$ 3,332	74%	\$ 2,155	\$ 4,287	99%

• Assume 18 doses per treatment

• Starting dose (Procrit 40 units; Aranesp 157 mcg)

• Weighted average dose (i.e., accounting for titration) (Procrit 45 units; Aranesp 202 mcg)

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Defending Procrit Market Position

- **Aggressive Aranesp launch necessitates strong defense**
 - **Sell Procrit's clinical benefits**
 - **Provide economic incentives to maintain and grow Procrit**
 - **Market share requirements**
 - **Communicate economic benefits of using Procrit**
- **Procrit sales force must provide compelling evidence that continuing with Procrit provides economic benefits**
 - **Educate physicians regarding the costs of switching to Aranesp**
 - **Demonstrate the economic consequences of failing to meet Procrit market share requirements**
- **Sales force needs to communicate the economic message in a simple yet effective manner**
 - **Must conform to legal requirements**



Communicating The Economic Message: Provider Financial Model

- **One way to illustrate Procrit's economic benefits is through a financial model**
 - **Excel-based tool that uses provider specific inputs to generate customized outputs**
- **Model objectives:**
 - **Explain new Procrit market share contract**
 - **Demonstrate the effect of switching to Aranesp under the new contract**
 - **Calculate total rebates at various Procrit market shares**
 - **Educate physicians and hospitals regarding the level of effort that will be required to make a switch to Aranesp profitable**
- **Model will be designed so that the sales rep can quickly:**
 - **Gather inputs**
 - **Summarize outputs**
 - **Illustrate practice dynamics using charts, graphs, and visual aids**



Model Inputs

- Current Procrit spending
- Current Procrit share
- Expected category growth
- % of Medicare business
- % of outpatient business (for hospitals)
- Number of anemia patients by type of cancer
- % of rejected claims expected
- % of copays collected
- Payor mix
- Average length of chemo regimen for Procrit patient
- Variables related to switching costs, such as number of staff members, salaries, inventory costs, etc. may also be collected



Model Outputs

- Procrit and Aranesp rebates at various market shares
 - Demonstrate effect of Procrit rebate cliffs and the magnitude of rebates foregone by switching to Aranesp
 - Market share that must be converted in order to make up for lost rebates
- Total Procrit and Aranesp costs at AWP at various market shares
 - Demonstrates the cost to payors and patients of switching to Aranesp
- Net cost of Procrit and Aranesp at various market shares
 - Cost to the provider after accounting for discounts, rebates, and switching costs



Examples of Potential Visual Aids: Physician Practices

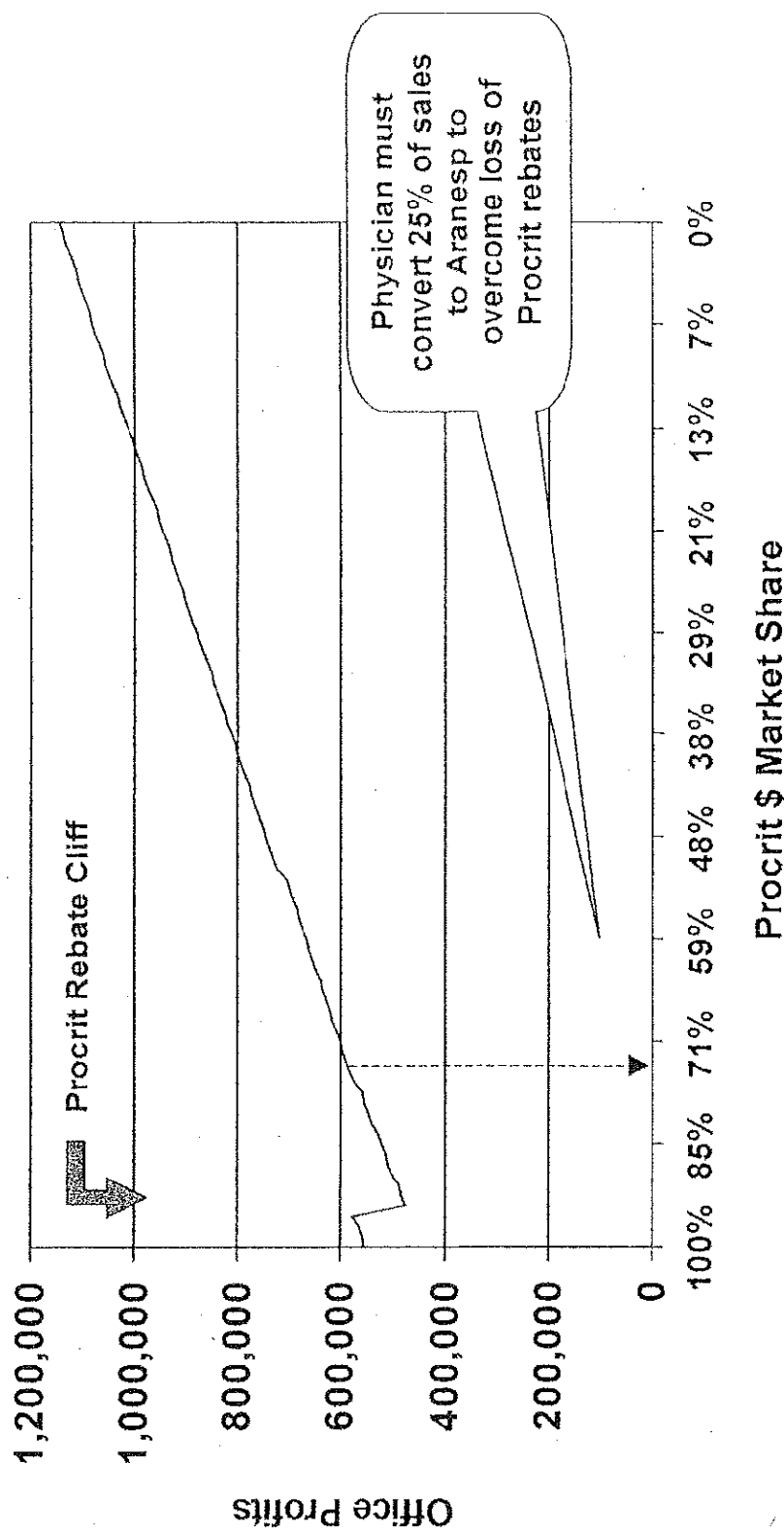
- Actual Physician Economics:
 - Plots total physician profits (lost Procrit rebates at 95% Procrit share) as Aranesp market share increases
 - Identifies the market share that must be converted to Aranesp in order to make up for lost profits
- Example 1: Total rebates
 - Plots total physician practice rebates as Aranesp market share increases
- Example 2: Category AWP value vs. net cost
 - Plots physician practice net cost after discounts and rebates
 - Plots total product cost evaluated at AWP
- **These examples shown for two alternative dosing regimes:**
 - Procrit and Aranesp both at *starting* dose (40 units; 157 mcg)
 - Procrit and Aranesp both at *weighted average* dose (i.e., accounting for titration) (45 units; 202 mcg)



Actual Physician Economics: Total profits

Weighted Average Dose

$$\text{Total Profits} = \text{Discounts} + \text{Rebates} + \text{Margin}$$



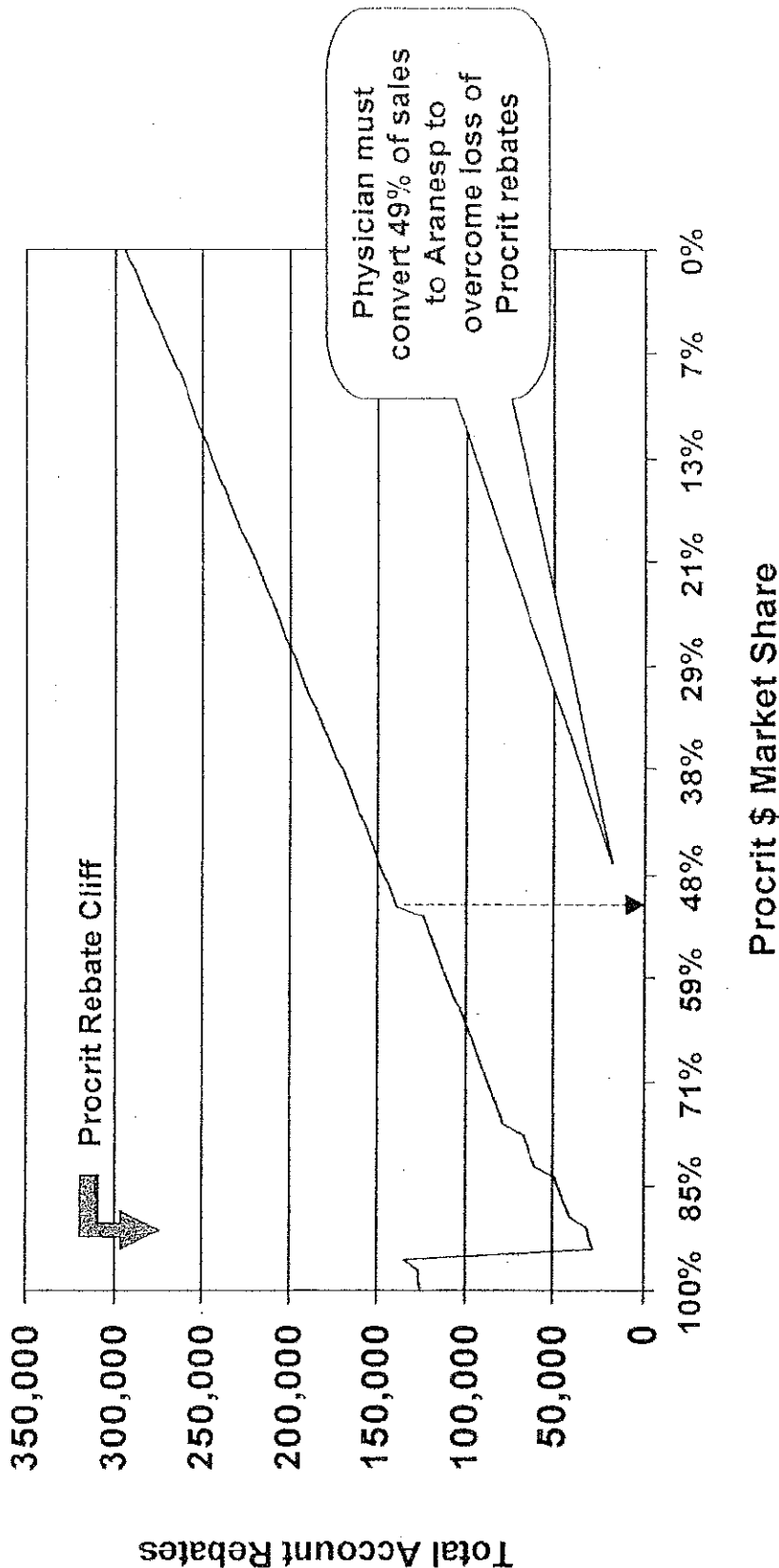
Assumptions: Initial Procrit spending of \$1.5M; 99% initial Procrit share; 20% category growth; Neupogen sales 80% of Procrit; 15% Neupogen growth; no switching costs



Example 1: Total rebates

Weighted Average Dose

Incomplete story as rebates understate physician incentives
Neglects incremental margin gained by switching to Aranesp



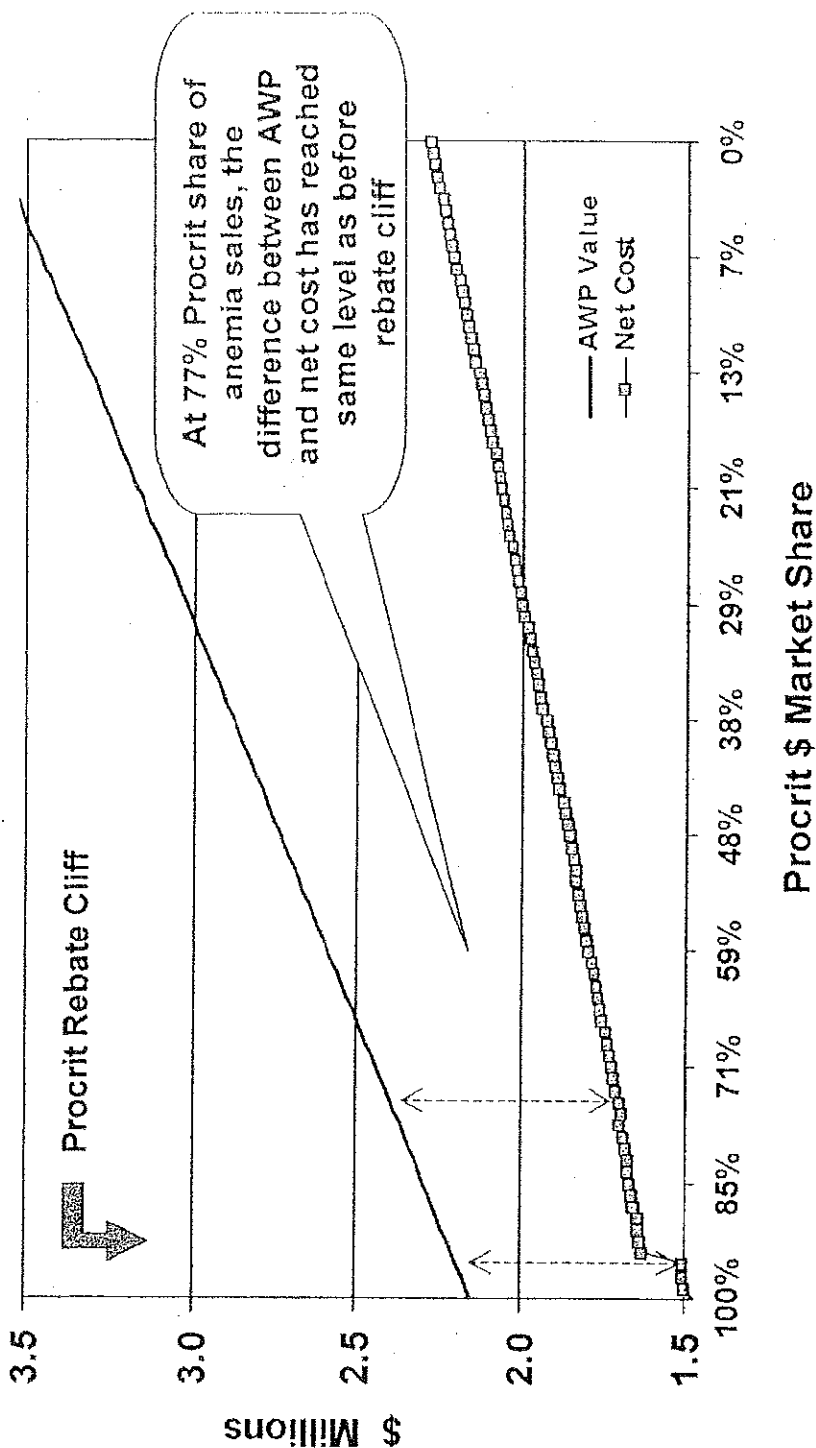
Assumptions: Initial Procrit spending of \$1.5M; 99% initial Procrit share; 20% category growth; Neupogen sales 80% of Procrit; 15% Neupogen growth; no switching costs



Example 2: Category AWP value vs. net cost

Weighted Average Dose

Total health care costs rise dramatically with Aranesp



Assumptions: Initial Procrit spending of \$1.5M; 99% initial Procrit share; 20% category growth; Neupogen sales 80% of Procrit; 15% Neupogen growth; no switching costs

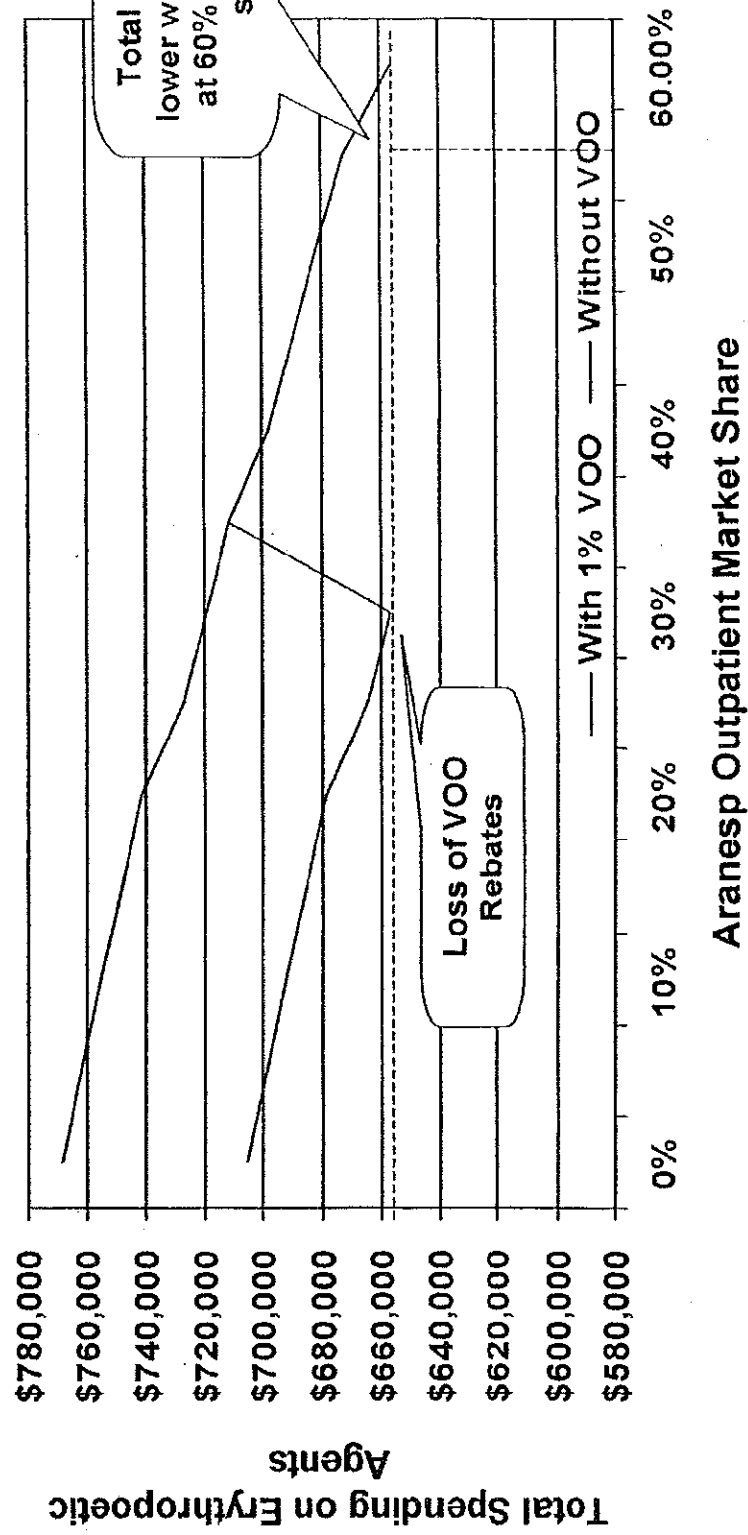


Examples of Potential Visual Aids: Hospitals

- Example 1: VOO rebates
 - Hypothetical hospital with an equal number of Procrit inpatients and outpatients and all outpatient business reimbursed at Medicare levels
 - Plots the effect of current VOO rebates on the hospital's net cost as Aranesp outpatient market share increases
 - Assumes fixed Aranesp inpatient share of 5%
- Example 2: 95% Market Share Requirement for NCI Rebates
 - Plots total hospital rebates and net cost as Aranesp market share increases
 - Net cost = purchase – rebates – outpatient reimbursement
 - Evaluated at Aranesp and Procrit starting doses and at weighted average doses

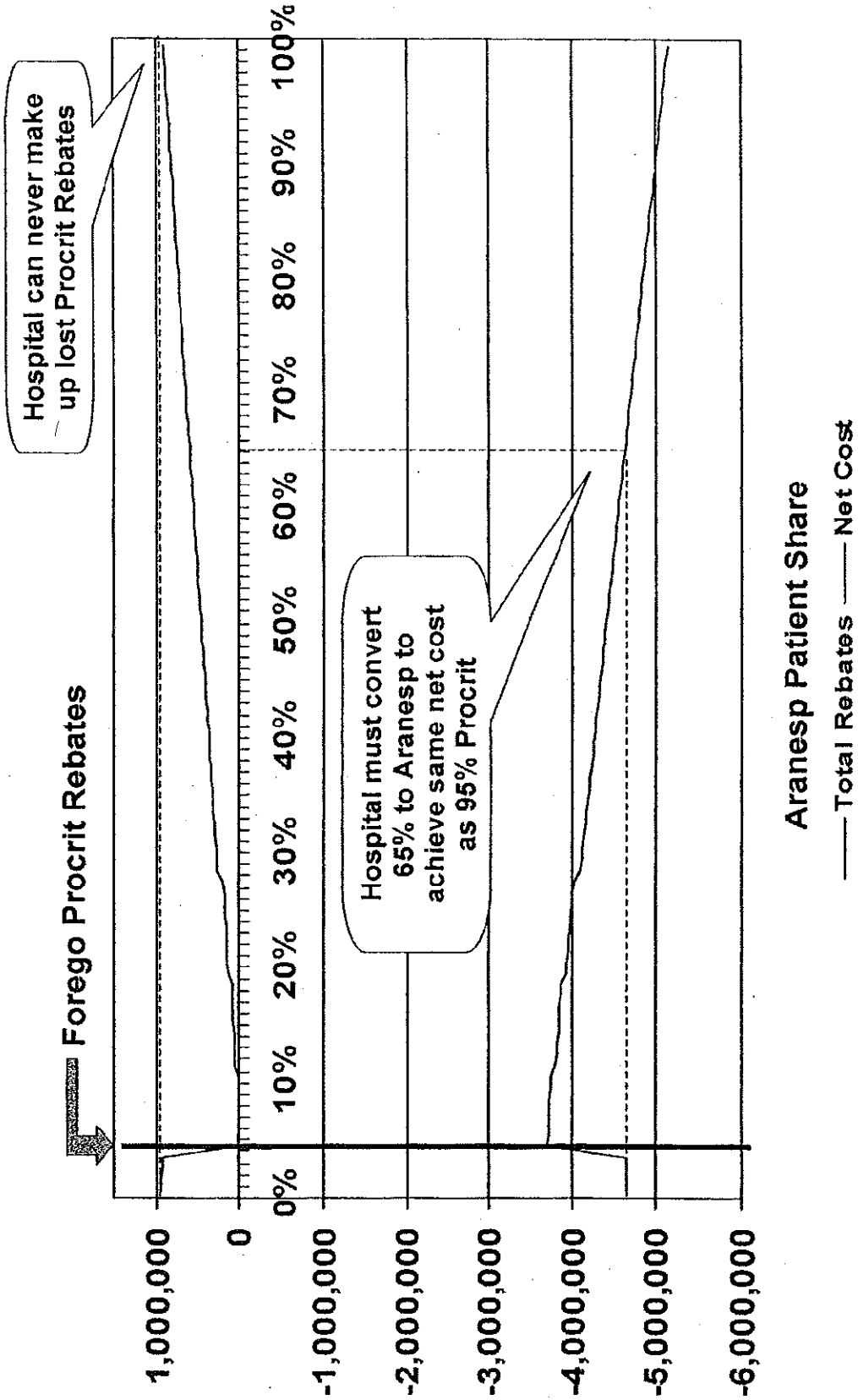


Example 1: Outpatient Clinic Incentives Under VOO:



Starting Dose

Example 2: Effect of 95% Market Share Requirement



Note: Negative net cost is equivalent to profit.

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Conclusions

- OBI can make compelling arguments regarding the economic benefits of continuing to use Procrit
 - Explain the impact of new market share requirements
 - Educate providers about switching costs
- There may be tension between telling a compelling economic story and complying with regulatory requirements
- Developing a provider impact model that accommodates business interests and legal requirements should be a high priority for OBI
 - Ongoing collaboration is essential



Exhibit 61

PROCRIT® (Epoetin alfa) vs darbepoetin alfa: A Side-by-Side Cost of Dosing Comparison

Dose (kU/kg)	Dose (mcg/kg)	Weight of Patient (kg)	Dosing (mcg)
10	10	75	750
20	20	75	1500
30	30	75	2250
40	40	75	3000
50	50	75	3750
60	60	75	4500
70	70	75	5250
80	80	75	6000
90	90	75	6750
100	100	75	7500
110	110	75	8250
120	120	75	9000
130	130	75	9750
140	140	75	10500
150	150	75	11250
160	160	75	12000
170	170	75	12750
180	180	75	13500
190	190	75	14250
200	200	75	15000
210	210	75	15750
220	220	75	16500
230	230	75	17250
240	240	75	18000
250	250	75	18750
260	260	75	19500
270	270	75	20250
280	280	75	21000
290	290	75	21750
300	300	75	22500
310	310	75	23250
320	320	75	24000
330	330	75	24750
340	340	75	25500
350	350	75	26250
360	360	75	27000
370	370	75	27750
380	380	75	28500
390	390	75	29250
400	400	75	30000
410	410	75	30750
420	420	75	31500
430	430	75	32250
440	440	75	33000
450	450	75	33750
460	460	75	34500
470	470	75	35250
480	480	75	36000
490	490	75	36750
500	500	75	37500
510	510	75	38250
520	520	75	39000
530	530	75	39750
540	540	75	40500
550	550	75	41250
560	560	75	42000
570	570	75	42750
580	580	75	43500
590	590	75	44250
600	600	75	45000
610	610	75	45750
620	620	75	46500
630	630	75	47250
640	640	75	48000
650	650	75	48750
660	660	75	49500
670	670	75	50250
680	680	75	51000
690	690	75	51750
700	700	75	52500
710	710	75	53250
720	720	75	54000
730	730	75	54750
740	740	75	55500
750	750	75	56250
760	760	75	57000
770	770	75	57750
780	780	75	58500
790	790	75	59250
800	800	75	60000
810	810	75	60750
820	820	75	61500
830	830	75	62250
840	840	75	63000
850	850	75	63750
860	860	75	64500
870	870	75	65250
880	880	75	66000
890	890	75	66750
900	900	75	67500
910	910	75	68250
920	920	75	69000
930	930	75	69750
940	940	75	70500
950	950	75	71250
960	960	75	72000
970	970	75	72750
980	980	75	73500
990	990	75	74250
1000	1000	75	75000
1010	1010	75	75750
1020	1020	75	76500
1030	1030	75	77250
1040	1040	75	78000
1050	1050	75	78750
1060	1060	75	79500
1070	1070	75	80250
1080	1080	75	81000
1090	1090	75	81750
1100	1100	75	82500
1110	1110	75	83250
1120	1120	75	84000
1130	1130	75	84750
1140	1140	75	85500
1150	1150	75	86250
1160	1160	75	87000
1170	1170	75	87750
1180	1180	75	88500
1190	1190	75	89250
1200	1200	75	90000
1210	1210	75	90750
1220	1220	75	91500
1230	1230	75	92250
1240	1240	75	93000
1250	1250	75	93750
1260	1260	75	94500
1270	1270	75	95250
1280	1280	75	96000
1290	1290	75	96750
1300	1300	75	97500
1310	1310	75	98250
1320	1320	75	99000
1330	1330	75	99750
1340	1340	75	100500
1350	1350	75	101250
1360	1360	75	102000
1370	1370	75	102750
1380	1380	75	103500
1390	1390	75	104250
1400	1400	75	105000
1410	1410	75	105750
1420	1420	75	106500
1430	1430	75	107250
1440	1440	75	108000
1450	1450	75	108750
1460	1460	75	109500
1470	1470	75	110250
1480	1480	75	111000
1490	1490	75	111750
1500	1500	75	112500
1510	1510	75	113250
1520	1520	75	114000
1530	1530	75	114750
1540	1540	75	115500
1550	1550	75	116250
1560	1560	75	117000
1570	1570	75	117750
1580	1580	75	118500
1590	1590	75	119250
1600	1600	75	120000
1610	1610	75	120750
1620	1620	75	121500
1630	1630	75	122250
1640	1640	75	123000
1650	1650	75	123750
1660	1660	75	124500
1670	1670	75	125250
1680	1680	75	126000
1690	1690	75	126750
1700	1700	75	127500
1710	1710	75	128250
1720	1720	75	129000
1730	1730	75	129750
1740	1740	75	130500
1750	1750	75	131250
1760	1760	75	132000
1770	1770	75	132750
1780	1780	75	133500
1790	1790	75	134250
1800	1800	75	135000
1810	1810	75	135750
1820	1820	75	136500
1830	1830	75	137250
1840	1840	75	138000
1850	1850	75	138750
1860	1860	75	139500
1870	1870	75	140250
1880	1880	75	141000
1890	1890	75	141750
1900	1900	75	142500
1910	1910	75	143250
1920	1920	75	144000
1930	1930	75	144750
1940	1940	75	145500
1950	1950	75	146250
1960	1960	75	147000
1970	1970	75	147750
1980	1980	75	148500
1990	1990	75	149250
2000	2000	75	150000
2010	2010	75	150750
2020	2020	75	151500
2030	2030	75	152250
2040	2040	75	153000
2050	2050	75	153750
2060	2060	75	154500
2070	2070	75	155250
2080	2080	75	156000
2090	2090	75	156750
2100	2100	75	157500
2110	2110	75	158250
2120	2120	75	159000
2130	2130	75	159750
2140	2140	75	160500
2150	2150	75	161250
2160	2160	75	162000
2170	2170	75	162750
2180	2180	75	163500
2190	2190	75	164250
2200	2200	75	165000
2210	2210	75	165750
2220	2220	75	166500
2230	2230	75	167250
2240	2240	75	168000
2250	2250	75	168750
2260	2260	75	169500
2270	2270	75	170250
2280	2280	75	171000
2290	2290	75	171750
2300	2300	75	172500
2310	2310	75	173250
2320	2320	75	174000
2330	2330	75	174750
2340	2340	75	175500
2350	2350	75	176250
2360	2360	75	177000
2370	2370	75	177750
2380	2380	75	178500
2390	2390	75	179250
2400	2400	75	180000
2410	2410	75	180750
2420	2420	75	181500
2430	2430	75	182250
2440	2440	75	183000
2450	2450	75	183750
2460	2460	75	184500
2470	2470	75	185250
2480	2480	75	186000
2490	2490	75	186750
2500	2500	75	187500
2510	2510	75	188250
2520	2520	75	189000
2530	2530	75	189750
2540	2540	75	190500
2550	2550	75	191250
2560	2560	75	192000
2570	2570	75	192750
2580	2580	75	193500
2590	2590	75	194250
2600	2600	75	195000
2610	2610	75	195750
2620	2620	75	196500
2630	2630	75	197250
2640	2640	75	198000
2650	2650	75	198750
2660	2660	75	199500
2670	2670	75	200250
2680	2680	75	201000
2690	2690	75	201750
2700	2700	75	202500
2710	2710	75	203250
2720	2720	75	204000
2730	2730	75	204750
2740	2740	75	205500
2750	2750	75	206250
2760	2760	75	207000
2770	2770	75	207750
2780	2780	75	208500
2790	2790	75	209250
2800	2800	75	210000
2810	2810	75	210750
2820	2820	75	211500
2830	2830	75	212250
2840	2840	75	213000
2850	2850	75	213750
2860	2860	75	214500
2870	2870	75	215250
2880	2880	75	216000
2890	2890	75	216750
2900	2900	75	217500
2910	2910	75	218250
2920	2920	75	219000
2930	2930	75	219750
2940	2940	75	220500
2950	2950	75	221250
2960	2960	75	222000
2970	2970	75	222750
2980	2980	75	223500
2990			

PROCRI[®] (Epoetin alfa) Is Proven

Over 10 years of experience
 Proven safe and effective in 4 approved indications
 More than 1,000,000 patients treated
 Established reimbursement

PROCRI Dosing Cost Comparison

Cost of PROCRI therapy =	\$0.00 X	0 patients = \$	0.00
Cost of darbepoetin alfa therapy =	\$0.00 X	0 patients = \$	0.00
Cost difference = \$			0.00

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Home Exit

CALCULATE

PRINT

PROCRT® (Epoetin alfa) vs darbepoetin alfa: **A Managed Care Comparison**

Name of Organization

Total Membership

Cancer Rate

Cancer Patients

Cancer Patients Receiving Chemotherapy

Chemotherapy Patients

Anemia Percentage

Number of Chemotherapy-Induced Anemia Cases

Treatment Rate

Number of Treated Chemotherapy-Induced Anemia Cases

0

0 %

0

0 %

0

0 %

0

0 %

0

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Home Exit

CLEAR ALL

CALCULATE

PRINT

	0 units	10 units	100 mg	1000 mg
Dose or Vial Size				
List Price	\$0.00	\$0.00	\$0.00	\$0.00
AWP	\$0.00	\$0.00	\$0.00	\$0.00
Reimbursement Rate (AWP minus)				
Reimbursement Allowable	\$0.00	\$0.00	\$0.00	\$0.00
Discount / Rebate Percentage				
Discount / Rebate Dollars	\$0.00	\$0.00	\$0.00	\$0.00
Net Price	\$0.00	\$0.00	\$0.00	\$0.00
Number of Doses				
Cost of Therapy	\$0.00	\$0.00	\$0.00	\$0.00
Total Cost of Therapy				
Dollar (\$) Difference in Cost	\$0.00	\$0.00	\$0.00	\$0.00
Percent (%) Difference in Cost	0.00%	0.00%	0.00%	0.00%

Dartecopin also is indicated for the treatment of anemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis.

NOTE: See Aranesp™ (carboethin alk) prescribing information for complete dosing information.

Long

CLEAR ALL

Five

PRINT

QUESTIONS ON THE

PROCrit® (Epoetin alfa) vs darbepoetin alfa: A Side-by-Side Comparison for:

	units	units	mcg	mcg	mg
Dose or Vial Size					
Cost of Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Number of Treated Chemotherapy-Induced Anemia Cases					
Patient Mix	0 %	0 %	0 %	0 %	0 %
Cost of Membership	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Weighted Average of Dosing					
Total Cost of Membership	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dollar (\$) Difference in Cost					
Percent (%) Difference in Cost	0 %	0 %	0 %	0 %	0 %
Dosing Conversion					

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Home End

CLEAR ALL

CALCULATE

PRINT

PROCRT® (Epoetin alfa) vs darbepoetin alfa: A Side-by-Side Medicare Comparison

	units	units	mcg	mcg
Dose or Vial Size	1000	1000	1000	1000
Cost of Therapy	\$0.00	\$0.00	\$0.00	\$0.00
Number of Treated Chemotherapy-Induced Anemia Cases	0	0	0	0
Patient Mix	0 %	0 %	0 %	0 %
Cost of Membership	\$0.00	\$0.00	\$0.00	\$0.00
Weighted Average of Dosing	0	0	0	0
Total Cost of Membership	\$0.00	\$0.00	\$0.00	\$0.00
Medicare (80%)	\$0.00	\$0.00	\$0.00	\$0.00
Patient Co-Pay (20%)	\$0.00	\$0.00	\$0.00	\$0.00
Dollar (\$) Difference in Cost	\$0.00	\$0.00	\$0.00	\$0.00
Percent (%) Difference in Cost	0 %	0 %	0 %	0 %
Dosing Conversion	0	0	0	0

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PROCrit® (Epoetin alfa) vs darbepoetin alfa: A Side-by-Side Specialty Distribution Comparison

Projected Savings on Managed Injectable Program

Top 20 Injectable Drug Spend

Projected Savings

Percentage of Top 20 Spend on EPO (Procrit and Epogen)

Current EPO Spend

% Difference in Spend

New Spend on darbepoetin alfa

Increase in Spend

New Projected Savings

New Projected Savings Percentage

0 %

\$

\$0.00

0 %

\$0.00

0 %

\$0.00

\$0.00

\$0.00

0 %

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Home Exit

CLEAR ALL

CALCULATE

PRINT